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## **Attention: Medicaid Physicians, Pharmacies, Optometrists, FQHC's, RHC's and Nursing Homes**

Effective August 2, 2004, Alabama Medicaid is discontinuing coverage of cosmetic products as follows:

- Drugs that have only FDA approved cosmetic indications
- Drugs that have both FDA approved cosmetic indications and Off-Label non-cosmetic indications

Below is a list of cosmetic products currently on the Medicaid drug pricing system that will be non-covered with this change. New drugs meeting the above criteria will be non-covered. There are no provisions for authorization of coverage for these products.

ADAPALENE	H-QUINONE/OCTINOX/OXYBENZONE
AVOBENZ/H-QUIN/OCTINOX/OXYBEN	HYDROQUINONE
AVOBENZONE/NA SULFACETM/SULFUR	HYDROQUINONE MICROSPHERES
AVOBNZ/H-QUIN/KERA1/O-CRL/OXBN	HYDROQUINONE/OCTINOXATE
AZELAIC ACID	HYDROQUINONE/VITAMIN A
BENZ PER/CLINDAMYCIN PHOSPHATE	ISOTRETINOIN
BENZ PER/ERYTHROMYCIN BASE	MEQUINOL/TRETINOIN
BENZOYL PEROXIDE	METHOXSALEN
BENZOYL PEROXIDE/SULFUR	METHOXSALEN, RAPID
BENZOYL PEROXIDE/UREA	MONOBENZONE
CLINDAMYCIN PHOSPHATE	PHENOL LIQUID/RESORCINOL
DIOXYBENZONE/HYDROQUINONE	POLYOXYETHYLENE ETHER/SULFUR
DIOXYBENZONE/HYDROQUINONE/PDO	SALICYLIC ACID/SOAP/SULFUR
EMOLLIENT/TRETINOIN	SALICYLIC ACID/SULFUR
ERYTHROMYCIN BASE	SELENIUM SULFIDE
ERYTHROMYCIN BASE/ETHANOL	SULFACETAMIDE SODIUM
FERRIC OXIDE/HYDROQUINONE	SULFACETAMIDE SODIUM/SULFUR
FINASTERIDE	SULFACETAMIDE SODIUM/UREA
FLUOCIN ACET/H-QUIN/TRETINOIN	TRETINOIN
H-QUINONE/OCTINOX/OXYBEN/PDO	

Please contact Medicaid at 1-800-362-1504 with questions regarding this notice.

July 23, 2004